



# Health Star JATC Surgical Technologist Supplemental Form

Please complete this supplemental form and return it directly to Laura Pumphrey Apprenticeship Manager via **email**. **Please do not ask your employer to forward it, as this information is private.**

For questions, contact Laura Pumphrey at [lpumphrey@sowib.org](mailto:lpumphrey@sowib.org)

Health Star will not discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 18 years old or older. Health Star shall take affirmative action to provide equal opportunity in apprenticeship and shall operate the apprenticeship program as required under the Oregon Plan for Equal Employment Opportunity in Apprenticeship and Title 29 of the Code of Federal Regulations, part 30. This is an equal opportunity program, and auxiliary aids and services are available upon request to individuals with disabilities.

The Division hopes, through collection of this data, to improve the apprenticeship program both for those presently enrolled and for future apprentices. Thank you.

| Candidate Information   |             |             |
|-------------------------|-------------|-------------|
| <b>Full Name:</b> _____ | Date: _____ |             |
| <i>First</i>            | <i>Last</i> | <i>M.I.</i> |

|                               |                                 |   |
|-------------------------------|---------------------------------|---|
| <b>Gender:</b>                |                                 |   |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Non-Binary/Other |

|  |            |
|--|------------|
| <b>Date of Birth:</b> <i>(mm/dd/yyyy)</i> Must be 18 or over | Age: _____ |
|--|------------|

|   |   |
|---|---|
| <b>Ethnicity:</b>                           |   |
| <input type="checkbox"/> Hispanic or Latinx | <input type="checkbox"/> Not Hispanic or Latinx |

|  |                                |   |   |
|--|--------------------------------|---|---|
| <b>Race:</b>   |                                |   |   |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American Islander | <input type="checkbox"/> Native Hawaiian or Other Pacific |
|  |                                |   | <input type="checkbox"/> White                            |

|   |  |
|---|--|
| <b>The following describes me currently:</b>  |  |
| <input type="checkbox"/> Underemployed - (your job does not provide the income necessary to support your household) |  |
| <input type="checkbox"/> Receiving Food Stamps/SNAP Benefits (within last 6 months)                                 |  |
| <input type="checkbox"/> NONE APPLY   |  |

|  |   |
|--|---|
| <b>Veteran Status:</b>   |   |
| <input type="checkbox"/> No, I am not a veteran or spouse of a veteran | <input type="checkbox"/> Yes, I am a veteran/spouse of a veteran (Honorable Discharge, DD214) |

|  |                             |  |
|--|-----------------------------|--|
| <b>Disability:</b> <i>(providing information about disability status is voluntary)</i> |                             |  |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Decline to disclose |

|   |                       |      |
|---|-----------------------|------|
| <b>My signature below indicates that I certify the information on this application is true to the best of my knowledge.</b> |                       |      |
|   |                       |      |
| Participant Name <i>(please print)</i>  | Participant Signature | Date |

(1) Your Right to Equal Opportunity

(2) It is against the law for a Sponsor of an apprenticeship program registered for Federal purposes to discriminate against an apprenticeship applicant or apprentice based on race, color, religion, national origin, sex, sexual orientation, age (18 years or older), genetic information, or disability. The Sponsor must ensure equal opportunity with regard to all terms, conditions, and privileges associated with apprenticeship. If you think that you have been subjected to discrimination, you may file a complaint within 300 days from the date of the alleged discrimination or failure to follow the equal opportunity standards with Oregon Bureau of Labor and Industries, 800 NE Oregon Street, Suite 1045, Portland, OR 97232. You may also be able to file complaints directly with the EEOC, or State fair employment practices agency at the above location.

(3) Each complaint filed must be made in writing and include the following information:

(a) Complainant's name, address and telephone number, or other means for contacting the complainant;

(b) The identity of the respondent (i.e. the name, address, and telephone number of the individual or entity that the complainant alleges is responsible for the discrimination);

(c) A short description of the events that the complainant believes were discriminatory, including but not limited to when the events took place, what occurred, and why the complainant believes the actions were discriminatory (for example, because of his/her race, color, religion, sex, sexual orientation, national origin, age (18 or older), genetic information, or disability);

(4) The complainant's signature or the signature of the complainant's authorized representative.